I CERTIFY THAT THIS IS A TRUE COPY OF THE CERTIFICATE RECEIVED FOR RECORD

ATTEST: Debbie Aurelia Halstead REGISTRAR

VS-4ME 4/04
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH
OFFICE OF THE CHIEF MEDICAL EXAMINER

STATE FILE NUMBER

Field	Entry
1. Decedent's legal name (include AKA's if any) (First, Middle, Last)	Adam Peter Lanza
2. Sex	[X] Male [ ] Female
3. Actual or presumed date of death (MM/DD/YYYY) (Spell Month)	December 14, 2012
4. Actual or presumed time of death	11:00 AM
5. Age at last birthday	20
6. Under 1 Year (Mo. Days) / Under 1 Day (Hours Min)	
7. Date of Birth (MM/DD/YYYY)	April 22 1992
8. Birthplace (City, State or Foreign Country)	Exeter NH
9. Residence-State	Connecticut
10. Residence-County	Fairfield
11. Residence-City or Town	Newtown
12. Residence-Street and No.	36 Yogananda St
13. Apt No.	
14. Zip Code	06470
15. Ever in US Armed Forces?	[ ] Yes [X] No
16. Marital status at time of death	[ ] Married [ ] Married but Separated [ ] Widowed [ ] Divorced [X] Never Married [ ] Unknown
17. Surviving spouse's name (if wife, give maiden name)	N/A
18. Father's name (First, Middle, Last)	Peter Lanza
19. Mother's name prior to first marriage (First, Middle, Last)	Nancy Champion
20. Informant's name	Peter Lanza
21. Informant's relationship to decedent	Father
22. Mailing address (Street and Number, City, State, Zip Code)	100 Bartina Ln Stamford CT 06902
23. If death occurred in a hospital	[ ] Inpatient [ ] ER/Outpatient [ ] Dead on Arrival
24. If death occurred somewhere other than a hospital	[ ] Hospice Facility [ ] Nursing Home [ ] Decedent's Home [X] Other (specify) Public School
25. Facility name (if not institution, give street & number)	12 Dickinson Drive
26. City or town of death & zip code	SANDY HOOK 06482
27. County of death	FAIRFIELD
28. Method of disposition	[ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from state [ ] Other (specify)
29. Disposition (Name of cemetery, crematory, other place)	Linwood Crematory
30. Location (city/town) (state)	Haverhill MA
31. Date (MM/DD/YYYY)	12/27/2012
32. Was body embalmed?	[ ] Yes [X] No If Yes, Name of Embalmer
33. Funeral facility - Name and address	Hartford TRade Service 06108 623 Main St East Hartford CT
34. Signature of funeral director or embalmer	[signature]
35. License number of signer in box 34	2698
36. M.E. case number	12-17618
37. Date pronounced dead (MM/DD/YYYY)	12/14/2012
38. Time pronounced	11:00 AM
39. Was an autopsy performed?	[X] Yes [ ] No

CAUSE OF DEATH

40. PART I. Enter the chain of events-diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

	Cause	Approximate interval onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death) --->	(a) Gunshot Wound of Head	
	Due to (or as a consequence of):	
Sequentially list conditions if any, leading to the cause listed on line (a). Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	(b)	
	Due to (or as a consequence of):	
	(c)	
	Due to (or as a consequence of):	
	(d)	

41. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

42. If female: [ ] Not pregnant within past year [ ] Pregnant at the time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within past year

43. Did tobacco use contribute to death? [ ] Yes [ ] No [ ] Probably [X] Unknown

Field	Entry
44. Manner of death	Suicide
45. Date of injury	December 14, 2012
46. Time of injury	AM
47. Place of injury	School, Primary or Secondary
48. Injury at work?	[ ] Yes [X] No
49. Location of injury (Street, Apt. #, City or Town, State, Zip Code)	12 Dickinson Dr., Sandy Hook, CT
50. Describe how injury occurred	Self Inflicted
51. If transportation injury, specify	[ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other specify

52. CERTIFIER: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.

H. Wayne Carver, II, M.D. — Certifier Name (type or print)
[signature] — Certifier signature
Chief Medical Examiner — Title of Certifier
Dec 16, 2012 — Date Certified

53. MAILING-CERTIFIER: (Street) (City or Town) (State) (Zip Code)
Office of the Chief Medical Examiner, 11 Shuttle Road, Farmington, CT 06032-1939

THIS CERTIFICATE WAS RECEIVED FOR RECORD ON 1-3-13 BY REGISTRAR Debbie A Aurelia

54. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death.
[ ] 8th grade or less [ ] 9-12th grade, no diploma [X] High School Graduate/GED [ ] Some college credit, but no degree [ ] Associate degree [ ] Bachelor degree [ ] Master's degree [ ] Doctorate or Professional degree [ ] Unknown [ ] Not available

55. DECEDENT OF HISPANIC ORIGIN?
[X] No, Not Spanish/Hispanic/Latino [ ] Yes, Mexican, Mexican American, Chicano [ ] Yes, Puerto Rican [ ] Yes, Cuban [ ] Yes other Spanish/Hispanic/Latino (specify)

56. DECEDENT'S RACE
[X] White [ ] Black or African American [ ] Asian Indian [ ] American Indian or Alaska Native (Name of the enrolled or principle tribe) [ ] Chinese [ ] Filipino [ ] Japanese [ ] Korean [ ] Vietnamese [ ] Other Asian (specify) [ ] Native Hawaiian [ ] Guamanian or Chamorro [ ] Samoan [ ] Other Pacific Islander (specify) [ ] Other (specify)

57. Decedent's usual occupation	58. Kind of business/industry	Social security number
Never Worked	N/A	